

DEC 09 2002

PTO/SB/30 (10-01)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

Application Number	09/483,248
Filing Date	January 14, 2000
First Named Inventor	Ken K. Tseung
Art Unit	1627
Examiner Name	Ralph J. Gitomer
Attorney Docket Number	LABV-03

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. Previously submitted
 - i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on November 25, 2000
(Any unentered amendment(s) referred to above will be entered).
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. Other _____
- b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement (IDS)
 - iv. Other Preliminary Amendment

2. Miscellaneous

- a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. Other _____

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 23-3000
 - i. RCE fee required under 37 CFR 1.17(e) (\$740.00 check)
 - ii. Extension of time fee (37 CFR 1.136 and 1.17)
 - iii. Other _____
- b. Check in the amount of \$ 740.00 enclosed
- c. Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Beverly A. Lyman	Registration No. (Attorney/Agent)	41,961
Signature	<u>Beverly A. Lyman</u>	Date	12/02/02

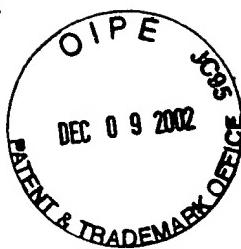
CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type)	Rhonda A. Etienne
Signature	<u>Rhonda A. Etienne</u>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

12/10/2002 CVD1111 00000084 09483248 740.00 0P
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Rhonda A. Etienne 12/2/02
Rhonda A. Etienne Date

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PATENTS
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ken K. Tseung et al.
Serial No.: 09/483,248
Filed: January 14, 2000
Examiner: Ralph J. Gitomer
Group Art Unit: 1627
Confirmation No.: 8145
Title: **METHOD AND APPARATUS FOR AUTOMATIC TISSUE STAINING**
Atty Docket: LABV-03

Cincinnati, Ohio 45202

December 2, 2002

Assistant Commissioner for Patents
Box RCE
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. Small Entity status is claimed.
 Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	13	MINUS	27	= 0	x \$9	\$0	x \$18	\$0
INDEP.	4	MINUS	7	= 0	x \$42	\$0	x \$84	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140	\$0	+ \$280	\$0	
TOTALS				TOTAL FEE	\$0	TOTAL FEE	\$0	

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

X No additional fee for claims is required.

4. Attached is a check in the sum of \$_____.

_____ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) _____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
one month	\$ 110.00	\$ 55.00
two months	\$ 400.00	\$200.00
three months	\$ 890.00	\$445.00
four months	\$1,390.00	\$695.00

 Attached is a check in the amount of \$ _____ for the _____ month extension fee as required by 37 C.F.R. § 1.17(c)

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

 An extension for _____ months has already been secured and the fee paid thereof of \$ _____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ _____.

OR

(b) X Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

X If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

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